MOUNTAIRE					
Re	quest for \	Vacation or	Floating Holid	ay	
SECTION 1 To Be Completed by	y Employee	Date of Request Hue Date:	11/01/02	<u>03</u> D	ept. <u>5622</u>
Employee Name: Syrinus P	Dagwell		. ss# <u>ಎ೨۱-6</u> -6	640	☐ Salaried
VACATION:			equested FROM	то	·
☐ Full Day Da ☐ Extended Period Da	nte Requested ntes Requested	FROM	то		
FLOATING HOLIDAY: Date Requested	toney o	ملم ((circle one) Calendar Ann	iversary	
I understand that if this request is grant contact my supervisor and the Human	I I was to water	m on the next scl	seduled work day. If anys hem of my circumstances	thing should pre t. They will cou	
A Amin 2 Box Employee Signature				<u> </u>	•
NOTE: This form must be completed off. If 2-week notification is not given	and received by , vacation/holida	the Human Resc ny pay may be del	urces Department at leas ayed.	t 2 weeks prior t	o the requested day(s)
SECTION 2 To Be Completed	by Human Res	ources	DATE OF HIRE:	11 , 1	<u>, 02</u>
Vacatio	<u>n</u>			Floating H	olidays
1) Total Days Eligible:			Total Days I	Eligible:	
2) Days Taken:			Days Taken		
3) Days Requested:			Days Reque		<u> </u>
4) Days Remaining:		·····	Days Remai	ning:	1000
·	(1 - 2 - 3 = 4)				WEED BOOK
Human Resources Representative's S	ignature		Da	ite	
SECTION 3 To Be Complete.	d by Employee's	s Supervisor(s) a	nd/or Manager(s)	•	
SUPERVISOR: Approved	Disapproved 🗆		SUPERINTENDEN	T: Approve	d 🛘 Disapproved 🗖
Signature Signature	Date		Signature		Date
FOREMAN: Approved	Disapproved	I	PLANT MANAGE	R: Approve	d □ Disapproved □
Signature	Date		Signature		Date
	EE; YELLOW TO REASONS WILL I	D PAYROLL; WHI BE STATED ON RE	FE TO PERSONNEL/VACAT VERSE SIDE.	TION FILE.	Walters Extl By purylishs

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday		
SECTION 1 To Be Completed by Employee Date of Hire	D Union Soft	
Employee Name: WALTER BROWN SS#	271-92-825/ © Salaried	
VACATION:		
☐ ½ Day Date Requested		
☐ Full Day(s) Date(s) Requested		
FLOATING HOLIDAY: Date Requested 1/10/03.	(circle one) Calendar Anniversary Moneyon/Y	
I understand that if this request is granted, I am to return on the next sch contact my supervisor and the Human Resources Department to advise to		
WAUER BROWN Employee Signature	1/10/03 Date	
NOTE: This form must be completed and received by the Human Resour If 2-week notification is not given, vacation/holiday pay may be delayed.	rces Department at least 2 weeks prior to the requested day(s) off.	
SECTION 2 To Be Completed by Human Resources	0. 19H (
SECTION 2 To Be Completed by Human Resources Vacation	Floating Holidays	
	7	
1) Total Days Due: 2) Days Requested:	Total Days Due: Days Requested:	
2) Days Requested: 3) Days Remaining:	Dava Ramaining: FAYROII	
(1 - 2 = 3)	JAN 1 1 2003	
	MEEK FOR	
Human Resources Representative's Signature	Date WEEK ENDING	
SECTION 3 To Be Completed by Employee's Supervisor(s) and	Vor Manager(s)	
SUPERVISOR: Approved Disapproved	SUPERINTENDENT: Approved □ Disapproved □	
Signature Syn Date Date	Signature Date	
FOREMAN: Approved □ Disapproved □	PLANT MANAGER: Approved ☐ Disapproved ☐	
Signature Date	Signature Date	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE IF DISAPPROVED, REASONS WILL BE STATED ON REVE		

,	TAIRE FARMS OF DELN st for Vacation or Floating F	
SECTION 1 To Be Completed by Em Employee Name: Walter Brown VACATION:	ployee Date of Hire <u>5/9/94</u>	O-Trion So
VACATION: Date Re Full Day(s) Date(s)	Hold until WE quested 5-2-03-5	5-10-03 2Wks 5-19-03
FLOATING HOLIDAY: Date Requested	2-03 (Calendar)	one) Anniversary
I understand that if this request is granted, I contact my supervisor and the Human Resource LUALE Brow SR Employee Signature NOTE: This form must be completed and recompleted and recompl	ces Department to advise them of my circum.	If anything should prevent my return, I will stances. They will counsel accordingly. 3 / 2 8 / 0 3 Date Least 2 weeks prior to the requested day(s) off.
SECTION 2 To Be Completed by Hu	man Resources	Floating Holidays
1) Total Days Due: 2) Days Requested: 3) Days Remaining: (1 - 2 =	Days F	Days Due: 57 8FF 2 Requested: Cemaining:
Human Resources Representative's Signature		Date
SECTION 3 To Be Completed by En	ployee's Supervisor(s) and/or Manager(s) oved SUPERINTEN	MAY 1 0 2003 DENT: Approved D. Disapproved D. Disa
Signature Wallie	Date Signature	Date
FOREMAN: Approved [] Disappr	oved PLANT MAN	AGER: Approved [] Disapproved []
Signature	Date Signature	. Date
NOTE: PINK TO EMPLOYEE; YELI IF DISAPPROVED REASONS	OW TO PAYROLL; WHITE TO PERSONNEL/VAI WILL BE STATED ON REVERSE SIDE.	CATION FILE.

		RMS OF DELMARVA	
SECTION 1 To Be Compl	leted by Employee Date of	Hire <u>5/9/94</u>	Dept_ive HAUL
Employee Name: Walter	BIONSK	. ss# 221-42-8257	O Non-Union Hourly O Salaried
VACATION:		theld wa	til 1/E 5-10-03
□ ½ Day ☐ Full Day(s)	Date Requested Date(s) Requested	5-2-03-5-19-	03
FLOATING HOLIDAY: Date Requested	5-2-03	(kircle one) 03	plicady paid 4/E-11-03
I understand that if this request is contact my supervisor and the Hu	granted, I am to return on the man Resources Department to	next scheduled work day. If anything s advise them of my circumstances. The	y will counsel accordingly.
Walten Brand	ZR -		28/03
NOTE: This form must be comple If 2-week notification is not given,	eted and received by the Huma vacation/holiday pay may be d	n Resources Department at least 2 week-	
SECTION 2 To Be Compl	leted by Human Resources		
<u>Vaca</u>	<u>tion</u>	<u>Floa</u>	ting Holidays
l) Total Days Due:	****	Total Days Due:	
2) Days Requested:		Days Requested:	
3) Days Remaining:	(1 - 2 = 3)	Days Remaining:	PAYROLL
			MAY 1 0 2003
Hurnan Resources Representative's	Signature	Date	WEEK Chin
SECTION 3 To Be Comple	eted by Employee's Superviso	or(s) and/or Manager(s)	
SUPERVISOR: Approved	Disapproved []	SUPERINTENDENT: A	pproved Disapproved D
Signature Signature	Date	Signature	Date
FOREMAN: Approved	Disapproved	PLANT MANAGER: A	pproved Disapproved D
Signature	Date	Signature	. Date
NOTE: PINK TO EMPLO IF DISAPPROVED	YEE; YELLOW TO PAYROLL; Y	WHITE TO PERSONNEL/VACATION FILE. N REVERSE SIDE.	

Time Off Request Form

Name Walter Brow JR	S.S.# <u>22</u>]-	42-8257
Date of Hire <u>5/9/9-4-</u>	Departm	ent Live Haul
OUNION ON	NON-UNION HOURLY	SALARIED SCOU
(CHECK ONE): Vacation	Personal/Floating Holiday - Calendar	
	Personal/Floating Holiday -Anniversary	1965 1967 1987
Day/Date(s) Requestedフ/	14/01	
I UNDERSTAND THAT IF THIS REQUEST IS S SHOULD PREVENT MY RETURN I WILL CONTA THEY WILL COUNSEL ACCORDINGLY.	GRANTED, I AM TO RETURN ON THE NEXT SCHEDU ICT MY SUPERVISOR AND HUMAN RESOURCES AND ,	ILED WORK DAY AND THAT IF ANYTHDIS ADVISE THEM OF THE CIRCUMSTANCES.
Walte Brow JR	2/8/0	
imployee's Signature	Date .	
My wattur UPERVISOR'S SIGNATURE	1-8-01 DATE	CAPPROVED CIDISAPPROVED
or year your story toke.	/	
	. *	31 FEB 12 1
OREMAN'S SIGNATURE	DATE	_ CAPPROVED CDISAPPROVED
DREMANS SIGNATURE	·	
•	,	
JPERINTENDENT'S SIGNATURE	DATE	CLAPPROVED CIDISAPPROVED
·		
ANT MANAGER'S SIGNATURE	DATE	CLAPPROVED CDISAPPROVED
FOR OFFICE USE ONL	T: FOF DAYS DUE	Javnoil
	# OF DAYS REQUESTED	PAYROLL
	# OF DAYS LEFT	FEB 17 2001
L		MEEK SOME

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MOUNTAIRE Request for Vacation or Floating Holiday		
SECTION 1 To Be Completed by Employee Date of Request		
VACATION: Other Time R Full Day Date Requested	equested FROMTO	
FLOATING HOLIDAY: Date Requested	hem of my circumstances. They will counsel accordingly. Date Date Department at least 2 weeks prior to the requested day(s)	
SECTION 2 To Be Completed by Human Resources Vacation 1) Total Days Eligible: 2) Days Taken: 3) Days Requested: 4) Days Remaining: (1-2-3=4) Human Resources Representative's Signature	Total Days Eligible: Days Taken: Days Requested: Days Remaining:	
SECTION 3 To Be Completed by Employee's Supervisor(s) and SUPERVISOR: Approved Disapproved Disapproved Date FOREMAN: Approved Disapproved Date Signature Date		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE IF DISAPPROVED, REASONS WILL BE STATED ON REVE		

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	00,7,		
MOUNTAIRE FARMS OF DELMARVA			
Request for Vacation	or Floating Holiday		
SECTION 1 To Be Completed by Employee Date of Hire_	Orion		
Employee Name: ISaich Davids SS#	A31-46-6629 Non-Union Hourly Salaried		
VACATION:			
☐ ½ Day Date Requested ☐ Full Day(s) Date(s) Requested			
FLOATING HOLIDAY: Date Requested Monday Sypt 15	(circle one) Anniversary		
I understand that if this request is granted, I am to return on the next s contact my supervisor and the Human Resources Department to advis			
Employee Signature			
NOTE: This form must be completed and received by the Human Res If 2-week notification is not given, vacation/holiday pay may be delayed			
SECTION 2 To Be Completed by Human Resources			
Vacation	Floating Holidays		
1) Total Days Duc:	Total Days Due:		
2) Days Requested:	Days Requested:		
3) Days Remaining:	Days Remaining: 20 200		
(1 - 2 = 3)	Total Days Due: Days Requested: Days Remaining: Days Remaining:		
	The first of the state of the s		
Human Resources Representative's Signature	Date		
SECTION 3 To Be Completed by Employee's Supervisor(s)	and/or Manager(s)		
SUPERVISOR: Approved Disapproved D	SUPERINTENDENT: Approved ☐ Disapproved ☐		
+ Koy Walters 8/20/0	1		
Signature Date	Signature Date		
FOREMAN: Approved [] Disapproved []	PLANT MANAGER: Approved □ Disapproved □		
Signature Date	Signature Date		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHIT IF DISAPPROVED, REASONS WILL BE STATED ON RE			

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MOUNTAIRE FARMS Request for Vacation of		5690	
	8-27-01	Dept. Line Haul	
Employee Name: Usair Daniels SSH S	221-46-6629	Onton Non-Union Hourly Salaried	
VACATION:		/UK	
Date Requested	3 6 9-4-03	12/-	
FLOATING HOLIDAY: Date Requested	(circle one) Calendar Anniversa	y Weets Pany	
I understand that if this request is granted, I am to return on the next so contact my supervisor and the Human Resources Department to advise	cheduled work day. If anything s them of my circumstances. The	should prevent my return, I will y will counsel accordingly.	
Dacish J Drus		31-03	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources		03 AUG 11	
<u>Vacation</u>	<u>Flo</u> :	ating Holidays	
1) Total Days Due:	Total Days Due:	——PAVAOLI	
2) Days Requested:	Days Requested:	Alic on	
3) Days Remaining:	Days Remaining:	AUG 2.3 2003	
. (1 - 2 = 3)		WEEK ENDING	
Human Resources Representative's Signature	Date		
SECTION 3 To Be Completed by Employee's Supervisor(s) a	nd/or Manager(s)		
SUPERVISOR: Approved D Disapproved D	SUPERINTENDENT:	Approved Disapproved	
loy 1/ 1/2010 7-31-03			
$1/\sqrt{3}$	SUPERINTENDENT: Signature	Approved U Disapproved U Date	
lay 1. water 7-31-03			
Signature Date Date	Signature	Date	

MOUNTAIRE FARM Request for Vacation of	9
SECTION 1 To Be Completed by Employee Date of Hire Employee Name: Usaia L Daniels SS#	Aug. 27, 01 Dept. 5620
VACATION: ½ Day Date Requested Full Day(s) Date(s) Requested	
FLOATING HOLIDAY: Date Requested Money only I understand that if this request is granted, I am to return on the next so	(circle one) Calendar Anniversary cheduled work day. If anything should prevent my return, I will
Contact my supervisor and the Human Resources Department to advise Employee Signature NOTE: This form must be completed and received by the Human Resources If 2-week notification is not given, vacation/holiday pay may be delayed.	them of my circumstances. They will counsel accordingly. \(\lambda \frac{1-14-0.3}{Date}\) Date Durces Department at least 2 weeks prior to the requested day(s) off.
SECTION 2 To Be Completed by Human Resources Vacation	ot gar ga Floating Holidays
1) Total Days Due: 2) Days Requested: 3) Days Remaining: (1 - 2 = 3)	Total Days Due: Days Requested: Days Remaining: July 1 2 2013
Human Resources Representative's Signature	Date Date
SECTION 3 To Be Completed by Employee's Supervisor(s) a SUPERVISOR: Approved Disapproved 127.03	and/or Manager(s) SUPERINTENDENT: Approved □ Disapproved □
Signature Date FOREMAN: Approved Disapproved D	Signature Date PLANT MANAGER: Approved Disapproved D
Signature Date	Signature Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHIT IF DISAPPROVED, REASONS WILL BE STATED ON RE	

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MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee Date of Hire_ Employee Name: USQ1Q Daniels SS#	Ool- Via - Ial- 26 Non-Union Hourly		
VACATION: Date Requested Full Day(s) Date(s) Requested			
FLOATING HOLIDAY: Date Requested Morey ONLy	(circle one) Calendar Anniversary		
I understand that if this request is granted, I am to return on the next st contact my supervisor and the Human Resources Department to advise Employee Signature NOTE: This form must be completed and received by the Human Reso If 2-week notification is not given, vacation/holiday pay may be delayed	them of my circumstances. They will counsel accordingly. Date Date Description: De		
SECTION 2 To Be Completed by Human Resources	90,507, (2		
<u>Vacation</u>	Floating Holidays		
1) Total Days Due: 2) Days Requested: 3) Days Remaining. (1 - 2 = 3)	Total Days Due: Days Requested: Days Remaining:		
Human Resources Representative's Signature	Date		
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s) SUPERVISOR: Approved Disapproved Supervisor Supervisor Superintendent: Approved Disapproved Disapprov			
Signature Date	Signature Date		
FOREMAN: Approved □ Disapproved □	PI.ANT MANAGER: Approved Disapproved		
Signature Date	Signature Date		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE IF DISAPPROVED, REASONS WILL BE STATED ON REV	E TO PERSONNEL/VACATION FILE. ERSE SIDE.		

MOUNTAIRE FARMS Request for Vacation of	
SECTION 1 To Be Completed by Employee Date of Hire Employee Name: USAIAL Daniels SS#	O Union
VACATION:	
☐ ½ Day Date Requested	y only (Livet) wants on Taking 3 Days of
FLOATING HOLIDAY:	(circle one)
Date Requested	Calendar Anniversary
I understand that if this request is granted, I am to return on the next so contact my supervisor and the Human Resources Department to advise	them of my circumstances. They will counsel accordingly.
Dough J. Daniel	
NOTE: This form must be completed and received by the Human Resou If 2-week notification is not given, vacation/holiday pay may be delayed. SECTION 2 To Be Completed by Human Resources	arces Department at least 2 weeks prior to the requested day(s) off. 92 JUL 26
Vacation	Floating Holidays
1) Total Days Due: 2) Days Requested:	Total Days Due: Days Requested:
3) Days Remaining: (1 - 2 = 3)	Days Remaining:
Human Resources Representative's Signature	Date
SECTION 3 To Be Completed by Employee's Supervisor(s) an	nd/or Manager(s)
SUPERVISORY Approved Disapproved D	SUPERINTENDENT: Approved Disapproved
Signature Date	Signature Date
FOREMAN: Approved [] Disapproved []	PLANT MANAGER: Approved Disapproved
Signature Date	Signature Date

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday
SECTION 1 To Be Completed by Employee Date of Hiro 3/27/2001 Dept. Live Haul
Employee Name: clsariah Ilmiels SS# 221-46-6629 O Salaried
VACATION: U K Day Date Requested
FLOATING HOLIDAY: Money Only (circle one) Date Requested 12-23-0) Calendar Anniversary
I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.
Employee Signature Date
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.
SECTION 2 To Be Completed by Human Resources Vacation Vacation
1) Total Days Due: 2) Days Requested: PAYROLL Total Days Due: Days Requested:
3) Days Remaining DEC 2 9 2001 Days Remaining: WEEK ENDING
Human Resources Representative's Signature Date
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)
SUPERVISOR: Approved Disapproved Disapprov
Signature Date Signature Date
FOREMAN: Approved Disapproved
Signature Date Signature Date
NOTE: PINK TO EMPLOYEE, YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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	ARMS OF DELMARVA
	THire 4 10 0 Dept. 5622. Dept. 5622. Non-Union Hourly
Employee Name: Hrthur Fosque VACATION: Date Requested Drull Day(s) Date(s) Requested	ept. 15, 2003 - Sept. 19, 2003
FLOATING HOLIDAY: Date Requested	(circle one) Calendar Anniversary
Contact my supervisor and the Human Resources Department A A A A A A A A A A A A A A A A A A A	ne next scheduled work day. If anything should prevent my return, I will to advise them of my circumstances. They will counsel accordingly. S 22 000 Date Date Department at least 2 weeks prior to the requested day(s) off. delayed.
SECTION 2 To Be Completed by Human Resources Vacation 1) Total Days Due: 2) Days Requested: 3) Days Remaining: (1 - 2 = 3)	SEP J 3 18.43 WEEK ENDING Days Requested: Days Remaining:
Human Resources Representative's Signature	Date
SECTION 3 To Be Completed by Employee's Supervisor Approved Disapproved Disapproved Date	SUPERINTENDENT: Approved ☐ Disapproved ☐
FOREMAN: Approved Disapproved	Signature Date PLANT MANAGER: Approved □ Disapproved □
Signature Date	Signature Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL IF DISAPPROVED, REASONS WILL BE STATED	

MOUNTA Request for Vacation or	
SECTION 1 To Be Completed by Employee Date of Request	2-3-04 Dept. 5622
Employee Name: Arthur Fosque	SS# 21/-34-3/96
VACATION:	equested FROMTO
☐ Full Day Date Requested	
☐ Extended Period Dates Requested FROM	то
FLOATING HOLIDAY: Date Requested Manday Jeb. 9th, 2004	(circle one) (Calendar Anniversary
I understand that if this request is granted, I am to return on the next sche contact my supervisor and the Human Resources Department to advise th	
Employee Signature	2 · 5 - 0 4 Date
NOTE: This form must be completed and received by the Human Resou off. If 2-week notification is not given, vacation/holiday pay may be delay	
SECTION 2 To Be Completed by Human Resources	DATE OF HIRE: 4 / 16 / 01
<u>Vacation</u>	Floating Holidays
1) Total Days Eligible:	e : -
2) Days Taken:	Days Taken:
	0 7 2004Days Requested:
4) Days Remaining: WEEK (1 - 2 - 3 = 4)	ENDINGS Remaining:
Human Resources Representative's Signature	Date
SECTION 3 To Be Completed by Employee's Supervisor(s) and	/or Manager(s)
SUPERVISOR: Approved Disapproved	SUPERINTENDENT: Approved □ Disapproved □
Signature Date	Signature Date
FOREMAN: Approved Disapproved	PLANT MANAGER: Approved □ Disapproved □
Signature Date	Signature Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE IF DISAPPROVED, REASONS WILL BE STATED ON REVE	

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MOUNTAIRE FARMS (Request for Vacation or I	
SECTION 1 To Be Completed by Employee Date of Hire	1 16 01 Dept. 5620
Employee Name: Arthur Fosque ss# &	
VACATION:	
☐ ½ Day Date Requested	
☐ Full Day(s) Date(s) Requested	· ·
FLOATING HOLIDAY: Date Requested Cot. 11, 2002 of	(circle one) Calendar Anniversory
I understand that if this request is granted, I am to return on the next sched contact my supervisor and the Human Resources Department to advise then	
Employee Signature	Date
NOTE: This form must be completed and received by the Human Resources If 2-week notification is not given, vacation/holiday pay may be delayed.	s Department at least 2 weeks prior to the requested day(s) off.
SECTION 2 To Be Completed by Human Resources	92 907, V
<u>Vacation</u>	Floating Holidays
1) Total Days Due:	Total Days Due:
2) Days Requested: 3) Days Remaining:	Days Requested:
3) Days Remaining: (1 - 2 = 3)	Days Remaining:
(- 2 3)	
Human Resources Representative's Signature	Date - · · · ·
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or	r Manager(s)
SUPERVISOR: Approved [] Disapproved []	SUPERINTENDENT: Approved Disapproved
- loy water 9-30-02	
Signature Date	
Date	Signature Date
	Signature Date . PLANT MANAGER: Approved □ Disapproved □
FOREMAN: Approved □ Disapproved □	,

MOUNTAIRE FARMS Request for Vacation or	
SECTION 1 To Be Completed by Employee Date of Hire Employee Name: Arthur Fosque ss# 6	4/25/01 Dept. 5620
VACATION: Date Requested Full Day(s) Date(s) Requested FLOATING HOLIDAY:	(circle one)
Date Requested March 14, 2003 I understand that if this request is granted, I am to return on the next sche contact my supervisor and the Human Resources Department to advise to Employee Signature NOTE: This form must be completed and received by the Human Resources If 2-week notification is not given, vacation/holiday pay may be delayed.	hem of my circumstances. They will counsel accordingly. 3-11-03
SECTION 2 To Be Completed by Human Resources Vacation 1) Total Days Due:	Floating Holidays Total Days Due:
2) Days Requested: 3) Days Remaining: (1 - 2 = 3) Human Resources Representative's Signature	Days Remaining:
SECTION 3 To Be Completed by Employee's Supervisor(s) and SUPERVISOR Approved [] Disapproved []	d'or Manager(s) SUPERINTENDENT: Approved Disapproved
Signature Date FOREMAN: Approved Disapproved D	Signature Date PLANT MANAGER: Approved □ Disapproved □
Signature Date NOTE: PINK TO EMPLOYEE, YELLOW TO PAYROLL; WHITE IF DISAPPROVED, REASONS WILL BE STATED ON REVE	

		FARMS OF DELMARVA cation or Floating Holiday	
SECTION 1 To Be Complete	ted by Employee Date	e of Hire 1/34/8/ Dept	5620
Employee Name: Roy L.	eonard		☐ Non-Union Hourly ☐ Salaried
VACATION:			
☐ ¼ Day	Date Requested		
☐ Full Day(s)	Date(s) Requested		. :
FLOATING HOLIDAY: Date Requested	Moneyon	(circle one) Calendar Anniversary)
I understand that If this request is a contact my supervisor and the than the form of the contact my supervisor and the than the contact my supervisor and contact my supervisor and contact my supervisor my supe	granted, I am to return on nan Resources Departme	n the next scheduled work day. If anything should pent to advise them of my circumstances. They will co	orevent my return, I will ounsel accordingly. 8/02
NOTE: This form must be comple If 2-week notification is not given,		Human Resources Department at least 2 weeks prior to be delayed.	to the requested day(s) off.
SECTION 2 To Be Compl	leted by Human Resourc	Floating I	<u>Holidays</u>
1			
1) Total Days Due:		Total Days Due:	
1) Total Days Due: 2) Days Requested:		Total Days Due: Days Requested:	
		Total Days Due: Days Requested: Days Remaining:	
2) Days Requested:	(1 - 2 = 3)	Days Requested:	
2) Days Requested:	(1 - 2 = 3)	Days Requested:	The state of the s
Days Requested: Days Remaining: Human Resources Representative'	(1 - 2 = 3) s Signature	Days Requested: Days Remaining:	The state of the s
Days Requested: Days Remaining: Human Resources Representative'	(1 - 2 = 3) s Signature	Days Requested: Days Remaining: Date	
2) Days Requested: 3) Days Remaining: Human Resources Representative' SECTION 3 To Be Compt.	(1 - 2 = 3) s Signature leted by Employee's Sup	Days Requested: Days Remaining: Date Date	
2) Days Requested: 3) Days Remaining: Human Resources Representative' SECTION 3 To Be Compt SUPERVISOR: Approved TO T	(1 - 2 = 3) s Signature leted by Employee's Sup Disapproved	Days Requested: Days Remaining: Date Date SUPERINTENDENT: Approve	ed Disapproved Date
2) Days Requested: 3) Days Remaining: Human Resources Representative' SECTION 3 To Be Compton SUPERVISOR: Approved Signature	(1 - 2 = 3) s Signature leted by Employee's Sup Disapproved Date	Days Requested: Days Remaining: Date Date SUPERINTENDENT: Approve	ed Disapproved Date

	The Park Park
MOUNTAIRE FA	ARMS OF DELMARVA
Request for Vaca	ation or Floating Holiday Of Hire Dept. 5620
SECTION 1 10 Be compared 2	Of Hire
	A CONTRACTOR OF THE CONTRACTOR
VACATION: Date Requested Full Day(s) Date(s) Requested	
FLUATING HOLIDAY:	(circle one) (Calendar) (Anniversary)
Lange of Lange	the next scheduled work day. If anything should prevent my return, I will not to advise them of my circumstances. They will counsel accordingly. Doctries Doctri
SECTION 2 To Be Completed by Human Resour Vacation 1) Total Days Due: 2) Days Requested. 3) Days Remaining:	Company Comments and Comments a
(1 - 2 = 3)	WEEK ENDING
Human Resources Representative's Signature	and the second s
SECTION 3 To Be Completed by Employee's St. SUPERVISOR: Approved Disapproved	upervisor(s) and/or Manager(s) SUPERINTENDENT: Approved [Disapproved [
Signature Date &	Signature Date
FOREMAN: Approved [] Disapproved []	PLANT MANAGER: Approved Disapproved
Signature Date,	Signature Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PART OF THE PROPERTY OF THE	AYROLL, WHITE TO PERSONNEL/VACATION FILE. STATED ON REVERSE SIDE.

MOUNTAI Request for Vacation or 1	Floating Holiday
Date of Pequest	The second secon
1 SECTION I	•
Employee Name: Richard Satchell	SS# <u>22-52-8559</u> Bourly Salaried
VACATION: Other Time Req	juested FROMTO
☐ Full Day Date Requested	
☐ Extended Period Dates Requested FROM	то
FLOATING HOLIDAY: Date Requested May only	(circle one) Calendar (Anniversary)
the next school	fulled work day If anything should prevent my return, I will
contact my supervisor and the Human Resources Department to advise the	emiof my circumstances. They will counse accordingly
Employee Signature	Date
NOTE: This form must be completed and received by the Human Resour	ces Department at least 2 weeks prior to the requested day(s)
off. If 2-week notification is not given, vacation/holiday pay may be delay	red.
	DATE OF HIRE: 6,6,94
SECTION 2 To Be Completed by Human Resources	
<u>Vacation</u>	Floating Holidays
l) Total Days Eligible:	Total Days Eligible:
2) Days Taken:	Days Taken:
3) Days Requested:	Days Requested: Days Remaining:
4) Days Remaining:	Days remaining.
(1 - 2 - 3 = 4)	
Human Resources Representative's Signature	Date

SECTION 3 To Be Completed by Employee's Supervisor(s) and	/or Manager(s)
SUPERVISOR: Approved Disapproved	SUPERINTENDENT: Approved □ Disapproved □
Kry Y laltus 5/28/m	
Signature Date	Signature Date
FOREMAN: Approved [] Disapproved []	PLANT MANAGER: Approved □ Disapproved □
Signature Date	Signature Date
E I DE LES CONTRACTOR DE LA CONTRACTOR D	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE IF DISAPPROVED, REASONS WILL BE STATED ON REVE	TO PERSONNEL/VACATION FILE. ERSE SIDE.

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MOUNTAIRE Request for Vacation or Flo	acting Holiday	
Request for vacacion	512 104 Dept. 5622-3	<u>.</u>
OF CRION 1 1	5 26 04 Dept. 5622-2	
mployee Name: Richard Satchell ss#	# <u>aaa-52-855</u> 9	4
ACATION: 3 West 5 Pay Time Reques	ested FROM TO TO	
☐ Full Day Date Requested	то	_
☐ Extended Period Dates Requested FROM	(circle one)	
FLOATING HOLIDAY: Ca Date Requested Ca	Calendar Anniversary	\neg
Date Requested	uled work day. If anything should prevent my return, I will m of my circumstances. They will counsel accordingly.	
contact my supervisor and the Human Resources	5/24/04	;
L Richard Southell	Dute	s)
Employee Signature NOTE: This form must be completed and received by the Human Resource NOTE: This form must be completed and received by the Human Resource NOTE: This form must be completed and received by the Human Resource	ces Department at least 2 weeks prior to the serviced	
NOTE: This form must be completed and received by the Human off. If 2-week notification is not given, vacation/holiday pay may be delayed.		
Pacources	DATE OF HIRE: 0 / 0 / 1-1-1	
SECTION 2 To Be Completed by Human Resources Vacation 90	Floating Holidays	देस् "
<u>Vacation</u>	Total 1)2VS F.1121UIC.	
Total Days Eligible:	Days Taken:	
2) Days Taken:	Days Requested:	
3) Days Requestor	Days Remaining:	
4) Days Remaining: (1 - 2 - 3 = 4)	L. Market 188 ()	
	Date	
Human Resources Representative's Signature		
SECTION 3 To Be Completed by Employee's Supervisor(s) an	nd/or Manager(s) SUPERINTENDENT: Approved [] Disappro	oved [
SUPERVISOR; Approved Disapproved Disapproved		
Way 4 Jatas Jay 199	Signature	
Date /	Disappr	oved
Signature Disapproved 🗆	PLANT MANAGER: Approved LI Disappi	
	PLANT MANAGER: Approved 2	

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- -	NTAIRE FARMS uest for Vacation or				, <u>.</u>
	Employee Date of Hire			Dept. <u>56</u>	(20
bbenen.	5 ntchell ssu		8559	Union Non-U	Inion Hourly
VACATION:			7. J	C	
□ ½ Day Date	Requested		الري 🔾		
₩ Full Day(s) Date	e(s) Requested Monly	only) ch	ocho fe	niveek	of June ?
FLOATING HOLIDAY:		(circle o	no)		•
Date Requested		Calendar	Anniversary		
I understand that if this request is gran will contact my supervisor and the Hun accordingly.	ited, I am to return on the next nan Resources Department to t	scheduled work da advise them of my o	ny. If anything circumstances.	should prever They will cor	nt my return, I unsel
Richard Satcher	0	and the same of th	5-3	1-02	
Employee Signature		, ,	at land 2t-	- neine to the -	المراجعة المعادمة
NOTE: This form must be completed a off. If 2-week notification is not given.	nd received by the Human Rese vacation/holiday pay may be de	ources Department blayed.	at least 2 week	prior to the r	equested day(s)
SECTION 2 To Be Completed	by Нитан Resources				11
Vacation			Floatio	ng Holidays	rt L
1) Total Days Due:		Total I	Days Duc;		<u>.</u>
2) Days Requested:		Days R	Lequested:		······································
3) Days Remaining		Days F	Cernaining:		
(1	- 2 = 3)				
Human Resources Representative's Sig	mahra	·	Date		
Transatives offices representative a of					•
SECTION 3 To Be Completed	by Employee's Supervisor(s)	and/or Manager(s))		
SUPERVISOR: Approved Z	Disapproved []	SUPERINTE	NDENT: A	oproved 🗆 🕒	Disapproved [
lon water	5-31-02				
Signature	Date	Signature			Date
FOREMAN: Approved []	Disapproved []	PLANT MAN	IAGER: A	pproved 🗆	Disapproved
Signature	Date	Signature			Date
NOTE: PINK TO EMPLOYE IF DISAPPROVED, RI	E: YELLOW TO PAYROLL; WHITE	TE TO PERSONNEL/V. VERSE SIDE.	ACATION FILE.		

MOUNTAIRE FARM Request for Vacation	•
SECTION 1 To Be Completed by Employee Date of Hire_	U 1 / 9 4 Dept. 3620
	J. J. Saraitu
VACATION:	
☐ ½ Day Date Requested	
☐ Full Day(s) Date(s) Requested	
FLOATING HOLIDAY: Date Requested MONCY COM	(circle one) Calendar Anniversary
I understand that if this request is granted, I am to return on the next contact my supervisor and the Human Resources Department to advi. The help L I atchell	scheduled work day. If anything should prevent my return, I will se them of my circumstances. They will counsel accordingly.
Employee Signature	Date
NOTE: This form must be completed and received by the Human Res If 2-week notification is not given, vacation/holiday pay may be delayed	sources Department at least 2 weeks prior to the requested day(s) off.
SECTION 2 To Be Completed by Human Resources	
<u>Vacation</u>	Floating Holidays
1) Total Days Due:	Total Days Due:
2) Days Requested:	Days Requested:
3) Days Remaining: (1 - 2 = 3)	Days Remaining:
(1-2=3)	
Human Resources Representative's Signature	Date
SECTION 3 To Be Completed by Employee's Supervisor(s)	and/or Manager(s)
SUPERVISOR: Approved 🖂 Disapproved 🗆	SUPERINTENDENT: Approved □ Disapproved □
10/18	1/02
Signature Date SA	Signature Date
FOREMAN: Approved Disapproved	PLANT MANAGER: Approved [] Disapproved [
Signature Date	Signature Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WIL IF DISAPPROVED, REASONS WILL BE STATED ON R	ITE TO PERSONNEL/VACATION FILE. EVERSE SIDE.

		ARMS OF DELMARVA
<u> </u>	e Completed by Employee Date of	1 Hire 6 6 94 Dept. 5620 SS# 222-52-8559 O Vision O Non-Union Hourly O Salaried
VACATION:		JULY WAR AND THE PROPERTY OF T
☐ ½ Day ☐ Full Day(s)	Date Requested	
FLOATING HOLIDAY	equested <u>Mon , January</u>	(circle one) LD, D3 Calendar Anniversary
I understand that if this r contact my supervisor an L Ruchand Employee Signature	equest is granted, I am to return on to d the Human Resources Department Sutskell	the next scheduled work day. If anything should prevent my return, I will to advise them of my circumstances. They will counsel accordingly. Date
	be completed and received by the Hur ot given, vacation/holiday pay may be	man Resources Department at least 2 weeks prior to the requested day(s) off. e delayed.
SECTION 2	Be Completed by Human Resources Vacation	92 CAR 23 Floating Holidays
l) Total Days I		Total Days Due:
2) Days Reque 3) Days Remai	sted:	Days Requested: Days Remaining: JAN 13 2003
	(1 - 2 = 3)	JAN 13 2003 Willers day
Human Resources Repre	sentative's Signature	Date
SECTION 3	Be Completed by Employee's Superv	visor(s) and/or Manager(s)
SUPERVISOR: Appro	ved Disapproved D	SUPERINTENDENT: Approved ☐ Disapproved ☐ O
Signature	Date	Signature Date
FOREMAN: Appro	oved □ Disapproved □	PLANT MANAGER: Approved [Disapproved [
Signature	Date	Signature Date
NOTE: PINK IF DIS	TO EMPLOYEE; YELLOW TO PAYROL APPROVED, REASONS WILL BE STATE	LI; WHITE TO PERSONNEL/VACATION FILE. D ON REVERSE SIDE.

	M	OUNTAIRE F	ARMS OF D	ELMARV	A	
		Request for Vac				
SECTION			. 1	94		620
Employee Name	:: Richard	SAtchell	_ SS# <u>222-5</u>	52-855	7 O Sala	-Union Hou
VACATION:				2wks		
U %	Day	Date Requested		T		
Q Pa	II Day(s)	Date Requested	nto Both Ch	ears Ji	(6 pm	June 16 75 91
FLOATING H	IOLIDAY:		Λ	(circle one)		
	Date Requested		Calendar	Anniver	sary	
I understand th contact my sup	at if this request is g ervisor ænd the Hum	granted, I am to return on t an Resources Department	the next scheduled wor to advise them of my	rk day. If anythin circumstances. T	g should prevent t hey will counsel a	ny return, l accordingly.
	and h.S				23/63	
Employee Sign	ature			Date		
NOTE: This f If 2-week notif	form must be comple ication is not given,	ted and received by the Hu vacation/holiday pay may b	man Resources Depart se delayed.	ment at least 2 we	eeks prior to the re	quested day(
If 2-week notif	ication is not given,	vacation/holiday pay may t	e delayed.	ment at least 2 we	eeks prior to the re	
NOTE: This if If 2-week notif	ication is not given,	ted and received by the Hu vacation/holiday pay may b eted by Human Resource:	e delayed.		·	.;·
If 2-week notif	ication is not given,	vacation/holiday pay may t	e delayed.		eks prior to the re	.;·
If 2-week notif	To Be Comple	vacation/holiday pay may t	e delayed.		·	.;·
SECTION 1) To	To Be Comple	vacation/holiday pay may t	e delayed.	Total Days Due:	oating Holida	.;·
SECTION 1) To 2) D	To Be Comple Vaca	eted by Human Resource:	e delayed.	Total Days Due:	oating Holids	74.
SECTION 1) To 2) D	To Be Comple Vaca otal Days Due: ays Requested:	eted by Human Resource:	e delayed.	Total Days Due:	oating Holids	nys YROLL
SECTIO 1) T- 2) D 3) D	To Be Comple Vaca otal Days Due: ays Requested:	eted by Human Resource: tion (1 - 2 = 3)	e delayed.	Total Days Due:	JUN	YROLL 0 7 2003
SECTIO 1) T- 2) D 3) D	To Be Comple Vaca plat Days Due: ays Requested: ays Remaining: rees Representative's	eted by Human Resource: tion (1 - 2 = 3)	e delayed.	Total Days Due: Days Requested: Days Remaining	JUN	YROLL 0 7 2003
SECTION 1) To the second seco	To Be Comple Vaca plat Days Due: ays Requested: ays Remaining:	eted by Human Resources tion (1 - 2 = 3)	e delayed.	Total Days Due: Days Requested: Days Remaining	JUN	YROLL 07 2003
SECTION 1) To the second seco	To Be Completed and Page 19 Pa	eted by Human Resource: tion (1 - 2 = 3) s Signature Disapproved Disapproved	e delayed.	Total Days Due: Days Requested: Days Remaining Date ger(s)	oating Holids	YROLL 07 2003
SECTION 1) To the second seco	To Be Completed and Page 19 Pa	eted by Human Resource: tion (1 - 2 = 3) s Signature Disapproved Disapproved	visor(s) and/or Mana	Total Days Due: Days Requested: Days Remaining Date ger(s)	oating Holids	YROLL 07 2003
SECTION 1) To the second supervisor of the se	To Be Completed Days Due: ays Requested: ays Remaining: To Be Completed Days Due Approved Days Due Approved Days Due Approved Days Days Days Remaining:	eted by Human Resource: tion (1 - 2 = 3) s Signature Disapproved Disapproved July 5 - 2	visor(s) and/or Mana SUPER Signatu	Total Days Due: Days Requested: Days Remaining Date ger(s)	oating Holids	VROLL 0.7.2003

MOUNTAIRE Request for Vacation or Floating Holiday				lidav		
K	equest for					
SECTION 1	by Employee	Date of Request	4/7/0	14	2ے Dept. <u>2</u>	
nployee Name: Jasper	Smith	Jr.	. ss# <u>242-7</u>	10-25		Hourly Salaried
ACATION:					TO	
Other			equested FROM	<u>.</u>		V. C.
☐ Full Day	Date Requested	11201014			2 W	====
Extended Period	Dates Requested	FROM	ТО			
LOATING HOLIDAY: Date Requested			(circle o Calendar			
		.t a.d.	eduled work day. Ij	anything s	hould prevent my	return, I will
understand that if this request is gro ontact my supervisor and the Huma	n Resources Depo	irtment to advise t	hem of my circumst	ances. The	y wili counsei aci	coruingiy.
Strong Im	ith In	<u>1 </u>		(2)	129/0	24
mployee Signature	-//					
1/ 1		the Human Reso	urces Department a	t least 2 we	eks prior to the re	quested day(s)
NOTE: This form must be complet	ed and received by	an any may be del	aved			
NOTE: This form must be completed for the complete of the transfer of the tran	ed and received by	ay pay may be del	ayed.			
off. If 2-week notification is not giv	en, vacation/holid	ay pay may be der	ayed. DATE OF HIR		1201	
SECTION 2 To Be Complete	en, vacation/holid	ources	DATE OF HIR	E:	1201	00
off. If 2-week notification is not giv	en, vacation/holid	ources	DATE OF HIR	E: 7	/20 / (OO ys
SECTION 2 To Be Complete	en, vacation/holid	ources PAY	DATE OF HIR	E: 7 Flo	/20 / (nating Holida	ys ys
SECTION 2 To Be Complete Vacat	en, vacation/holid	PAY JUL	DATE OF HIRD ROLL Total E 2 4 2004 Days T	E: 7 Flo Days Eligibl	/20 / (nating Holidate)	94 JUL 6
SECTION 2 To Be Complet Vacat To Days Eligible: Days Taken: Days Requested:	en, vacation/holid	PAY JUL	DATE OF HIRI ROLL Total E 2 4 2004 Days T EIVDIN®ays R	E: 7 Flo Days Eligible Caken: Requested:	/ 20 / (nating Holida	94 JUL 6
SECTION 2 To Be Complete Vacat 1) Total Days Eligible: 2) Days Taken:	ion	PAY JUL	DATE OF HIRI ROLL Total E 2 4 2004 Days T EIVDIN®ays R	E: 7 Flo Days Eligibl	/ 20 / (nating Holida	94 JUL 6
SECTION 2 To Be Complet Vacat To Days Eligible: Days Taken: Days Requested:	en, vacation/holid	PAY JUL	DATE OF HIRI ROLL Total E 2 4 2004 Days T EIVDIN®ays R	E: 7 Flo Days Eligible Caken: Requested:	/ 20 / (nating Holida	94 JUL 6
SECTION 2 To Be Complete Vacat 1) Total Days Eligible: 2) Days Taken: 3) Days Requested: 4) Days Remaining:	ion \(\(\frac{1}{2} - 3 = 4\)	PAY JUL	DATE OF HIRI ROLL Total E 2 4 2004 Days T EIVDIN®ays R	E: 7 Flo Days Eligible Caken: Requested:	/ 20 / (nating Holida	94 JUL 6
SECTION 2 To Be Complet Vacat To Days Eligible: Days Taken: Days Requested:	ion \(\(\frac{1}{2} - 3 = 4\)	PAY JUL	DATE OF HIRI ROLL Total E 2 4 2004 Days T EIVDIN®ays R	E: 7 Flo Days Eligibl Caken: Requested: Remaining:	/ 20 / (nating Holida	94 JUL 6
SECTION 2 To Be Complete Vacat 1) Total Days Eligible: 2) Days Taken: 3) Days Requested: 4) Days Remaining: Human Resources Representative's	ion \(\(\frac{1}{2} - 3 = 4\)	PAY JUL WEEK	DATE OF HIR ROLL Total E 2 4 2034 Days T ENDIN Pays F Days F	E: 7 Flo Days Eligibl Caken: Requested: Remaining:	/ 20 / (nating Holida	94 JUL 6
SECTION 2 To Be Complete Vacat To Days Eligible: Days Taken: Days Requested: Days Remaining: Human Resources Representative's	ion (1 - 2 - 3 = 4) s Signature eted by Employee	PAY JUL WEEK	DATE OF HIR ROLL Total E 2 4 2034 Days T ENDIN Pays F Days F	E: 7 Flo Days Eligible Caken: Requested: Remaining:	/ 20 / (nating Holida	94 JUL 6
SECTION 2 To Be Complete Vacat 1) Total Days Eligible: 2) Days Taken: 3) Days Requested: 4) Days Remaining: Human Resources Representative': SECTION 3 To Be Complete Supervisors: Approved A	ion (1 - 2 - 3 = 4) Signature eted by Employee	PAY JUL WEEK Supervisor(s) and	DATE OF HIR ROLL Total E 2 4 2034 Days T ENDIN Pays F Days F	E: 7 Flo Days Eligible Caken: Requested: Remaining:	, 20 , (OC. ys
SECTION 2 To Be Complete Vacat To all Days Eligible: Days Taken: Days Requested: Days Remaining: Human Resources Representative': SECTION 3 To Be Complete SECTION 3 To Be Complete SECTION 3 To Be Complete SUPERVISOR: Approved A	ion (1 - 2 - 3 = 4) s Signature eted by Employee	PAY JUL WEEK Supervisor(s) and	DATE OF HIR ROLL Total E 2 4 2034 Days T ENDIN Pays F Days F	E: 7 Flo Days Eligible Caken: Requested: Remaining:	, 20 , (OC. YS UA JUL 6
SECTION 2 To Be Complete Vacat 1) Total Days Eligible: 2) Days Taken: 3) Days Requested: 4) Days Remaining: Human Resources Representative': SECTION 3 To Be Complete Supervisors: Approved A	ion (1 - 2 - 3 = 4) Signature eted by Employee	PAY JUL WEEK Supervisor(s) and	DATE OF HIRI ROLL Total E 2 4 2034 Days T EIVIDIN Pays F Days F md/or Manager(s) SUPERINTEN Signature	E: 7 Flo Days Eligible Caken: Requested: Remaining: Date	Approved	Disapproved D
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SECTION 2 To Be Complete Vacat 1) Total Days Eligible: 2) Days Taken: 3) Days Requested: 4) Days Remaining: Human Resources Representative' SECTION 3 To Be Complete SECTION 3 To Be Complete SUPERVISOR: Approved A Signature	ion (1 - 2 - 3 = 4) s Signature Disapproved Date	PAY JUL WEEK Supervisor(s) as 9-04	DATE OF HIRI ROLL Total E 2 4 2034 Days T EIVIDIN Pays F Days F md/or Manager(s) SUPERINTEN Signature	E: 7 Flo Days Eligible Caken: Requested: Remaining: Date	Approved	Disapproved D

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MOUNTAIRE FARM		
Request for Vacation	or Floating Holiday	
SECTION 1 To Be Completed by Employee Date of Hire _	7/20/00	Dept. 5622-
Employee Name: Jasper Smith SS#	<u> 242-70-2575</u>	☐ Únion ☐ Non-Un ☐ Salaried
VACATION:		
Date Requested		\$2 #\$0 * T T
☐ Full Day(s) Date(s) Requested		
		,
FLOATING HOLIDAY:	(circle one)	
Date Requested More only	Calendar Anniver	sary .
I understand that if this request is granted, I am to return on the next contact my supervisor and the Human Resources Department to advis		
Contact my supervisor and the Human Resources Department to advis	e inem oj my circumsiances. Li	tey will counsel accord
Employee Signature	Date Date	<u> 2/11/04</u>
NOTE: This form must be completed and received by the Human Res If 2-week notification is not given, vacation/holiday pay may be delayed		eks prior to the requeste
SECTION 2 To Be Completed by Human Resources	,	,
Vacation	FI.	oating Holidays
1) Total Days Due:	Total Days Due:	
2) Days Requested:	Days Requested:	Allenge and the property of th
3) Days Remaining:	Days Remaining:	
(1 - 2 = 3)	, ,	-
Human Resources Representative's Signature	Date	
SECTION 3 To Be Completed by Employee's Supervisor(s)	ind/or Manager(s)	
SUPPRVISOR: Approved Disapproved D	SUPERINTENDENT:	Approved Disa
The Walters 5/11/04		
Signature Date	Signature	Date
FOREMAN: Approved [] Disapproved []	DI ANTO MANIACED	A
FOREMXN: Approved Disapproved D	PLANT MANAGER:	Approved Disa
Signature Date	Signature	Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHIT IF DISAPPROVED, REASONS WILL BE STATED ON RE		Æ.

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MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee Date of Hire	214-1-1-9500	Sle 22 Vinion 1 Non-Union Hourly 1 Salaried	
VACATION: VACATION: VACATION: Date Requested	rey only All h	Deets	
FLOATING HOLIDAY: Date Requested	(circle one) Calendar Anniversary		
I understand that if this request is granted, I am to return on the next scontact my supervisor and the Human Resources Department to advise Employee Signature NOTE: This form must be completed and received by the Human Resolf 2-week notification is not given, vacation/holiday pay may be delayed. SECTION 2 To Be Completed by Human Resources	them of my circumstances. They will countries. T- - Date	nsel accordingly.	
Yacation	Floating Ho	olidays	
1) Total Days Due:	Total Days Due:	•	
2) Days Requested:		1.47	
3) Dave Remaining:	Days Requested:	Eggs.	
3) Days Remaining: (1 - 2 = 3)	Days Requested: Days Remaining:	West of the same	
		Maria Company	
(1 - 2 = 3)	Days Remaining: Date	Week Stay	
(1 - 2 = 3) Human Resources Representative's Signature	Days Remaining: Date	Un Disapproved □	
(1 - 2 = 3) Human Resources Representative's Signature SECTION 3 To Be Completed by Employee's Supervisor(s) a	Days Remaining: Date Ind/or Manager(s)	Disapproved D	
(1 - 2 = 3) Human Resources Representative's Signature SECTION 3 To Be Completed by Employee's Supervisor(s) as SUPERVISOR: Approved Disapproved Description Walt Blown	Days Remaining: Date Ind/or Manager(s) SUPERINTENDENT: Approved	Date	
Human Resources Representative's Signature SECTION 3 To Be Completed by Employee's Supervisor(s) a SUPERVISOR: Approved D Disapproved D Roy Walter Walt Down Signature Date	Days Remaining: Date Date SUPERINTENDENT: Approved Signature	Date	

MOUNTAIRE Request for Vacation or Floating Holiday						
	request for				·	Ou Day
SECTION 1 To Be Complete	d by Employee	Date of Request	7-0	30-04	Depted	menay
Employee Name: Alon	Tucker		SS# 2	122-50-8		☐ Hourly ☐ Salaried
VACATION:						
Other		_ Time Re	quested	FROM	то	<u></u>
☐ Full Day	Date Requested			** **********************************		
Extended Period	Dates Requested	FROM		то		
FLOATING HOLIDAY: Date Requested	5-7-04		Calenda	(circle one) ar Anniver	sary	64 PAY 5
I understand that if this request is go contact my supervisor and the Hum Language L Employee Signature	an Resources Depa	ern on the next sch cortment to advise the	eduled we nem of my	y circumstances. In	should prevent m ey will counsel ac -30-94	y return, I will ecordingly.
NOTE: This form must be comple off. If 2-week notification is not give	ted and received by ven, vacation/holid	the Human Resonay pay may be dela	irces Dep iyed.		•	1
SECTION 2 To Be Comple	ted hy Human Res	ources	DATE	OF HIRE:	, 16,	03
SECTION 2 Yaca	tion			Fl	oating Holida	vs
<u>y aca</u>	.a	White and the same management			-	
1) Total Days Eligible:	1	JOHY!		Total Days Eligit Days Taken:	ле:	
2) Days Taken: 3) Days Requested:		77 VY - 3 200	4	Days Requested:		
4) Days Remaining:	4 1	WEEK ENDI	MG	Days Remaining		
,	(1-2-3=4)					
Human Resources Representative'	s Signature			Date		
SECTION 2 To Be Compl	eted by Employee's	s Supervisor(s) an	d/or Man	ager(s)		
SECTIONS				ERINTENDENT:	Approved 🗀	Disapproved
SUPERVISOR: Approved	Disapproved □		JULE		- spp-10-10-0	
Signature Mallet	Date	1-07	Signa	ture		Date .
FOREMAN: Approved []	Disapproved 🗆		PLA	NT MANAGER:	Approved 🗆	Disapproved [
Signature	 Date		Signa	nture		Date
NOTE: PINK TO EMPLO	OYEE; YELLOW TO D, REASONS WILL E	PAYROLL; WHIT BE STATED ON REV	E TO PER ERSE SID	SONNEL/VACATION E.	FILE.	

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Time Off Request Form

Name Rus	sell West	S.S.#	221-3	6-4570	<u>.</u>
Date of Hire	4/8/97.		epartment _	Live Ita	ul_
E 0.710	U-NON □ NON-U	NION HOURLY	□ SALA	ARIED 💍	Colored Colored
(CHECK ONL Vacation	E):	Personal/Floa Holiday - Cal			
		Personal/Floa Holiday -Ann	-		
Day/Date(s) Rec	quested 4/2/c/			-	
SHOULD PREVENT	THAT IF THIS REQUEST IS GRANTED MY RETURN I WILL CONTACT MY SU ISEL ACCORDINGLY.), I AM TO RETURN ON THE NEX PERVISORAND HUMAN RESOUL	IT SCHEDULED W RCES AND ADVISE	ORK DAY AND THAT THEM OF THE CIRC	IF ANYTHONG UMSTANCES.
Employee's Signatur	t woo	Dato		······································	
SUPERVISOR'S SIG	Alixo GNATURE	3-18-0 DATE	2/c	IAPPROVED CID	4: MÁR [3 13
FOREMAN'S SIGN	ATURE	DATE	-	APPROVED ID	SAPPROVED
SUPERINTENDEN	T'S SIGNATURE	DATE	APR O	Ą <mark>ĝŕrove</mark> o ddi 17 2001 FIVDING	
PLANT MANAGER	'S SIGNATURE	DATE	<u> WLL</u> M	ÁPPROVED (⊒DI:	SAPPROVED
	*	OF DAYS DUE OF DAYS REQUESTED OF DAYS LEFT			

FORM 011 mp:dist September 23, 1999

MOUNTA Request for Vacation or	1
	5/4/04 Dept. 5620E4
Employee Name: Antonio Walters	☐ Hourly ☐ Salaried SS# 222-56-3610
Biliproyee (Warter, 1997)	equested FROMTO
☐ Full Day Date Requested	ТО
FLOATING HOLIDAY: Date Requested Money only	Calendar Anniversary
I understand that if this request is granted, I am to return on the next sch contact my supervisor and the human Resources Department to advise to Employee Signature NOTE: This form must be completed and received by the Human Reso off. If 2-week notification is not given, vacation/holiday pay may be delicated.	urces Department at least 2 weeks prior to the requested day(s)
SECTION 2 To Be Completed by Human Resources Vacation	DATE OF HIRE: 4 / 19 / 99 Floating Holidays
A STATE OF THE STA	is always,
1) Total Days Eligible: 2) Days Taken: 3) Days Requested: 4) Days Remaining:	Days Requested:
2) Days Taken: 3) Days Requested: 4) Days Remaining: (1-2-3=4)	Days Taken: Days Requested:
2) Days Taken: 3) Days Requested: 4) Days Remaining: (1-2-3=4) Human Resources Representative's Signature To Re Completed by Employee's Supervisor(s) and	Days Taken: Days Requested: Days Remaining: Days Remaining:
2) Days Taken: 3) Days Requested: 4) Days Remaining: (1-2-3=4) Human Resources Representative's Signature	Days Taken: Days Requested: Days Remaining: Days Remaining:
2) Days Taken: 3) Days Requested: 4) Days Remaining: (1-2-3=4) Human Rescurces Representative's Signature SECTION 3 To Be Completed by Employee's Supervisor(s) and	Days Taken: Days Requested: Days Remaining: Days Remaining:
2) Days Taken: 3) Days Requested: 4) Days Remaining: (1-2-3=4) Human Rescurces Representative's Signature SECTION 3 To Be Completed by Employee's Supervisor(s) and SUPERVISOR: Approved Disapproved	Days Taken: Days Requested: Days Remaining: Days Requested: Days Requested: Days Requested: Days Requested: Days Requested: Days Requested: Days Remaining: Days Remaining: Days Remaining: Days Remaining: Days Remaining:
2) Days Taken: 3) Days Requested: 4) Days Remaining: (1-2-3=4) Human Resources Representative's Signature SECTION 3 To Be Completed by Employee's Supervisor(s) and SUPERVISOR: Approved \(\text{Disapproved} \) Signature Date	Days Taken: Days Requested: Days Remaining: Days Remaining: Date Date Date Date Date Date

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	111	me Off Request	t Form	2619	1
Name <u>Few</u>	in alnes	S.S.#	22/-	18-2619	
Date of Hire	2/28/2000)	Department	Vine Ho	َ کیا
POMO	NON-	иліои нопкіх	□ SAI	LARIED 5	620
(CHECK ONE, Vacation):	Personal/Flo Holiday - C			
		Personal/Flo Holiday -An			
Day/Date(s) Requ	Jested <u>Mon</u>	ey only			
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Employee's Signature	reg	Date	12/01		di FEO L
SUPERVISOR'S SIG	Hub Nature	2-13 DATE	-01	CIAPPROVED C	DISAPPROVED
FOREMAN'S SIGNA	TURE	DATE	-	TAPPROVED T	CEVOS PLANT
SUPERINTENDENT	'S SIGNATURE	DATE	***************************************	□APPROVED □	DISAPPROVED
PLANT MANAGER'S	S SIGNATURE	DATE	Aq	EN TO SAIL	DISAPPROVED
	FOR OFFICE USE ONLT:	# OF DAYS DUE # OF DAYS REQUESTED # OF DAYS LEFT	ME	En Line	
FORM 011 reption Suprember 23, 1999	<u> </u>				

Time Off Request Form
Name Steven Abney S.S.# - 221-48-2619
Date of Hire 22800 Departmen Two Young
DEMION ONON-UNION HOURLY OSALARIED SALARIED
(CHECK ONE): Vacation Personal/Floating Holiday - Calendar
Personal/Floating Holiday - Anniversary
Day/Date(s) Requested Money only 1 Wk.
I UNDERSTAND THAT IF THIS REQUEST IS GRANTED. I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.
Employee's Signature Date
SUPERVISOR'S SIGNATURE 2-12-0(CAPPROVED CIDISAPPROVED DATE
FOREMAN'S SIGNATURE DATE LAPPROVED EDISAPPROVED
SUPERINTENDENT'S SIGNATURE DATE
PLANT MANAGER'S SIGNATURE DATE □ APPROVED □ DISAPPROVED
PAYROLL
FOR OFFICE USE ONLY: # OF DAYS DUE FED 1.7 2001 # OF DAYS REQUESTED WEEK ENDING # OF DAYS LEFT

FORM OIL WINDS Lennenher 23, 199

	1	ime Off Request	Form	4
Name fe	ven Abney	S.S.#_	221-48-2619	
Date of Hire <u>Fe</u>			Department Live Har	
DUNIO	и пиол	Y-UNION HOURLY	□ SALARIED <	620
(CHECK ONE) Vacation):	Personal/Floa Personal/Floa Personal/Floa Holiday - Ann	endar Aperson	at days
Day/Date(s) Requ	nested furt	money		· · ·
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			E FARMS OF DELMARY Vacation or Floating Holiday	
		coduct in	vacation of Ploating Honday	<u> </u>
SECTION 1	To Be Complete	ed by Employee	Date of Hire Sept. 20, 01	Dopt. 5620
Employee Name:	Keith Lo	fland	5542-68-728	Union U Non-Union Hourly U Salaried
VACATION:				
□ ½ Day		Date Requested _		•
O Full D		Date(s) Requester	* * * * * * * * * * * * * * * * * * * *	
FLOATING HOL	IDAY: Date Requested	12-22	Calendar Armives	Fary
I understand that is will contact my supaccordingly.	f this request is governisor and the	ranted, I am to r Human Resource:	turn on the next scheduled work day. If any Department to advise them of my circumsta	thing should prevent my return, I moes. They will counsel
Employee Signatur	K	ez la	Date	12-20-200
NOTE: This form	must be complete	ed and received by	the Human Resources Department at least 2 by pay may be delayed.	weeks prior to the requested day(s)
	Joanne D Hot Give	. TORBUSE BOILE	y pay may be densyon.	
SECTION 2	To Be Complete	' ed by Human Re:	ONFORM	2.12
525215112				# 01 DEC 24
	Vacatio	<u> </u>		pating Holidays
- ·	Days Due;	· · · · · · · · · · · · · · · · · · ·	Total Days Duck	
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		·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Human Resources	Representative's	Signature	WEEK ENDING Date	
SECTION 3	To Be Complet	ed by Employee's	Supervisor(s) and/or Manager(s)	
SUPERNISOR:		Disapproved 🗋	SUPERINTENDENT:	
Come	1/10	17-71	-A	Approved . Disapproved .
Signature	urus	Date	Signature	
			e de la companya de La companya de la co	Date
FOREMAN:	Approved []	Disapproved [PLANT MANAGER:	Approved ☐ Disapproved ☐
Signature	^	Date	Signature	
	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		- Capitalia O	Date
NOTE:	PINK TO EMPLOY IF DISAPPROVED, I	ee, yellow to i reasons will be	ATROLL; WHITE TO PERSONNEL/VACATION FI STATED ON REVERSE SIDE.	I.E.

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MUUNIAIKE Time Off Request Form

Name Thomas Ma	5.5.# <u>222-38-3810</u>
Date of Hire	Department Swi Nau 0562
TUNION NON-	UNION HOURLY
(CHECK ONE): Vacation	Personal/Floating Holiday - Calendar Personal/Floating Holiday - Anniversary
Day/Date(s) Requested	my only Jan-12-18 INK
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LANT MANAGER'S SIGNATURE	DATE CIAPPROVED CIDISAPPROVED
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RM 011 wp.dim tamber 13, 1999	WEEK EVIDING

	Time	On Request	Form	
Name	homas Majors	S.S.#	222-38-	3810
Date of Hire	1/6/00	D	epartment we	Hand
PUN	IION NON-UN	ON HOURLY	□ SALARIED	5650
(CHECK O	NE):	Personal/Float Holiday Cale		
		Personal/Float Holiday -Anni		
Day/Date(s) R	. (718 BOY	h Personal
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SUPERVISOR'S S	Ostle6 signature	<u>]-5-0/</u> date	CIAPPROVE	D CIDISAPPROVED
FOREMAN'S SIGI	NATURE	DATE	TAPPROVEI	O CIDISAPPROVED
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ORM 011 wpolice presentor 13, 1999				JAN 1 3 2001 WEEK ENDING

MOUNTAIRE Time Off Request Form

Name Tr	somas	Majors	\$.s.	# <u>2</u> 22	2-38-3810
Date of Hire	1/2/0	ງ <u>ດ</u>		Departmen	2,11
(Separation of the separation	NC	☐ NON-UN	ION HOURLY	□SA	LARIED
(CHECK ON) Vacation	E): —	:	Personal Holiday (Floating Calendar	v V
			Holiday	Coating Anniversary	NO.
Day/Date(s) Rec	uested	Money	only	Jun-12-12	Sea Report
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Employee's Signatur	moja	· .	Date	5-01	
SUPERVISOR'S SIG	Satus GNATURE		<u>1-5-</u> Date	01	CAPPROVED CIDISAPP
FOREMAN'S SIGNA	ATURE		DATE		TAPPROVED TDISAPPE
SUPERINTENDENT	'S SIGNATUR	E	DATE		CLAPPROVED, CIDISAPPR
PLANT MANAGER'S	SIGNATURE		DATE		DAPPROVED CIDISAPPRO
					PAYRO
	FOR OFFICE U	# OF D	AYS DUE AYS REQUESTED AYS LEFT		JAN 20 WEEK EN
	L				

FORM 011 wp:diss September 23, 1999

II .	OUNTAIRE FA Request for Vaca				
SECTION 1 To Be Comple	ted by Employee Date of	Hire <u> / l</u>	e/00.	Dopt.	5620
Employee Name: Thomas	s Majors	ss#_22	 238-31	10 Sa	nion on-Union Hourly laried
VACATION: U 'A Day Full Day(s)	Date Requested	mey or	ly-	lwk	
FLOATING HOLIDAY: Date Requested		Galamai	(circle one)	-	
I understand that if this request is will contact my supervisor and the accordingly.	granted, I am to return on	Calend the next schedule ment to advise the	d work day. If an on of my circums	ything should pro lances. They will	counsel
Employee Signature			Date	12.38.3	2000)
NOTE: This form must be comple off. If 2-week notification is not gr	ted and received by the Hun ven, vacation/holiday pay m	nsu Resources De ny be delayed.	partment at least 2	weeks prior to the	to requested day(s)
SECTION 2 To Be Comple	sied by Human Resources				1, VEÚ 01
· <u>Vacat</u>	ion		ħ	loating Holida	<u>''</u>
1) Total Days Due:		·:	Total Days Due	¢	
2) Days Requested:			Days Requested	<u> </u>	
3) Days Remaining	*	~ *	Days Remaining		
	(1 - 2 = 3)			PAY	/ROLL
Human Resources Representative's	s Signature		Date	DEC	2 9 2001
SECTION 3 To Be Comple	eted by Employee's Superv	isor(s) and/or Me	inager(s)	WEEK	ENDING
SUPERVISOR Approved	Disapproved D .	SUPE	RINTENDENT:	Approved 🖸	Disapproved
Signature Stalles	12-28-0/ Date	Signat	ture		Date
		J	•		2000
FOREMAN: Approved	Disapproved []	PLAI	NT MANAGER:	Approved	Disapproved []
Signature	Date	Signa	ture		Date
NOTE: PINK TO EMPLO	YEE; YELLOW TO PAYROLI O, REASONS WILL BE STATED	, WHITE TO PERSON REVERSE SIDE.	ONNELVACATION	FILE.	

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AND A CO.

MU Re	UNTAIRE FAR	on or Floating Holiday		
SECTION 1 To Be Completed b	y Employee Date of Hi	1/10/02	Dept	nion Hourly
Employee Name: Daniel 1	tiller:	ss# <u>222-40-8364</u>	O Salarie	
VACATION:		lik		
	ate Requested <u>2-20-0</u>	3+02-26-03		
D Pull Day(s) D	ate(s) Requested	oneyony		
FLOATING HOLIDAY:	,	(circle one)	,	
Date Requested		Calendar Anniversas	У	
I understand that if this request is gran contact my supervisor and the Human	nted, I am to return on the r Resources Department to a	next scheduled work day. If anything sadvise them of my circumstances. The	hould prevent my y will counsel acc	return, I will cordingly.
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Employee Signature NOTE: This form must be completed	/ 	Department of least 2 week	s prior to the reg	uested day(s) off.
NOTE: This form must be completed If 2-week notification is not given, vac-	and received by the Humar ation/holiday pay may be d	elayed.	· .	
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SECTION 2 To Be Complete	d by Human Resources	·		
<u>Vacatio</u>	<u>on</u>	. <u>Flo</u> :	ating Holiday	<u>(8</u>
1) Total Days Due:		Total Days Due: Days Requested:		Marcu
2) Days Requested:		Days Remaining:	-	DATAGLI 0 0 8 2003
3) Days Remaining:	(1 - 2 = 3)		[Asr ==	U 0 8 2003
			ente:	ь 08 2003 К Емгируд
Human Resources Representative's S	ignature	Date		
SECTION 3 To Be Complete	d by Employee's Supervis	or(s) and/or Manager(s)		
SUPERVISOR: Approved [7]	Disapproved [SUPERINTENDENT:	Approved 🗆	Disapproved [
T lova at	ter6	3		Date
21	Date	Signature		Date
Signature	Date	-		
Signature	Disapproved	PLANT MANAGER:	Approved	Disapproved [
	-	PLANT MANAGER: Signature	Approved [Disapproved [

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	Date Requested <u>2-</u> Date(s) Requested <u>1</u>						
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Human Resources Representative's	Signature		- !	Ē	ate		· CMI INO
SECTION 3 To Be Complete SUPERVISOR: Approved [2]	Disapproved [upervisor(s) m	·	ig <i>er(s</i>) UNTENDE	NT: A _I	pproved 🗂	Disapproved □
Signature Signature	Date Date		Signatu	nte			Date
FOREMAN: Approved	Disapproved .	••	PLAN	T MANACI	ER: A	pproved 🗌	Disapproved [
Signature	Date		Signati	не			Date
NOTE: PINK TO EMPLO	YEE; YELLOW TO PA , REASONS WILL BE S	YROLL; WHIT	TO PERSO	NNEL/VACAT	TION FILE.		•

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SECTION 1 To Be Complete		of Hire <u>1-10-02</u> SS# <u>222-40-83</u>	'64	Dept. LWE Union Non-	n SUNO Union Hourly
ACATION:		•			
☐ ¼ Day ☐ Full Day(s)	-				
LOATING HOLIDAY: Date Requested	Money	Calendar (circle	one) Anniversa	ry	
understand that if this request is gontact my supervisor and the Hume Employee Signature NOTE: This form must be completed a supervisor of 2-week notification is not given, we have the supervisor of the superv	ed and received by the F	ant to advise them of my circum	Date	7/le/o	21
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l) Total Days Due:		Total	Days Due:	,	
2) Days Requested:		Days	Requested:		
3) Days Remaining:	(1 - 2 = 3)	- Days	Remaining:		
Human Resources Representative's	: Signature		Date		
SECTION 3 To Be Compl	eted by Employee's Sup	pervisor(s) and/or Manager(s)			
SUPERVISOR: Approved	Disapproved []	SUPERINTE	NDENT:	Approved [Disapproved []
Signature ()	Date	Signature			Date .
FOREMAN: Approved [Disapproved []	PLANT MAI	NAGER:	Approved □	Disapproved 🗆
Signature	Date	Signature			Date
Signature PINK TO EMPLA	Date	Signature ROLL: WHITE TO PERSONNELA			

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			FARMS OF DELMARVA cation or Floating Holiday	
SECT	TION 1 To Be Comple	ted by Employee Date		5620 Vision
Employee	: Name: Daniel	Miller		Non-Union Hourly Salaried
VACAT	ION:		different season and season season	
ı	□ ½ Day □ Full Day(s)	Date Requested Date(s) Requested		
FLOAT	ING HOLIDAY: Date Requested	Money or	(orrole one) (Calendar) Anniversary	
I undersi	and that if this request is a	granted, I am to return of fan Rosources Departme	n the next scheduled work day. If anything should preent to advise them of my circumstances. They will cou	event my return, I will msel accordingly.
NOTE:	e Signature This form must be comple k notification is not given,		Date Juman Resources Department at least 2 weeks prior to be delayed.	the requested day(s) off.
SEC	TION 2 To Be Compl	eted by Human Resourc	Floating H	at Jen 6 olidays
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2) 3)	Days Requested: Days Remaining:		Days Requested: Days Remaining:	71120m
× "	Days Nemaning.	(1 - 2 = 3)	TOTAL STATE OF THE	JAN 04 2003
Human	Resources Representative	s Signature	Date	מומוו יוןיובל רובים
	, III (113)	eted by Employee's Sup	ervisor(s) and/or Manager(s)	···
\$Ka	VISOR: Approved &	Disapproved □ //3	SUPERINTENDENT: Approved	·
Signatu	re .	Str Date	Signature	Date
FORE	MAN: Approved [Disapproved	PLANT MANAGER: Approved	☐ Disapproved ☐
Signatu	re	Date	Signature	Date
NOTE:			OLL, WHITE TO PERSONNEL/VACATION FILE. TED ON REVERSE SIDE.	•

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waterway suspension programmes.

	ARMS OF DELMARVA ation or Floating Holiday
SECTION 1 To Be Completed by Employee Date of	of Hire 9 1 1 2 Dept. 5 6 200
nployoo Name: Sylvester Mitchell	SS# 221-18-0958 D Non-Union Hourly D Salaried
ACATION:	
☐ ¼ Day Date Requested ☐ Full Day(s) Date(s) Requested	Money only - 5 weeks
LOATING HOLIDAY: Date Requested	(circle one) Calendar Anniversary
ill contact my supervisor and the Human Resources Dep ecordingly.	on the next scheduled work day. If anything should prevent my return, I artment to advise them of my circumstances. They will counsel
LSUVESTON Mitchell	Pate 20/
mployee Signature	Human Resources Department at least 2 weeks prior to the requested day(s) y may be delayed.
Inployee Signature OTE: This form must be completed and received by the Iff. If 2-week notification is not given, vacation/holiday particle.	y may be delayed.
rhplosee Signature OTE: This form must be completed and received by the l ff. If 2-week notification is not given, vacation/holiday pay SECTION 2 To Be Completed by Human Resource	y may be delayed.
rhploses Signature OTE: This form must be completed and received by the l ff. If 2-week notification is not given, vacation/holiday par SECTION 2 To Be Completed by Human Resource Vacation	y may be delayed. Ses If RU Floating Holidays
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MOUNTAIRE Request for Vacation or Floating Holiday					,
SECTION 1 To Be Complete	d by Employee	Date of Request	7-27-0	Dept.	we hant
SECTION		ŕ			☐ Hourly
Employee Name: Transch	1)2015	٤.	SG# 221.45-6	. ₆ , 29	☐ Salaried
VACATION:					
Other		Time R	equested FROM	то	
☐ Full Day	Date Requested	•			
☐ Extended Period	Dates Requested	FROM 3 -	27-04 TO 9-1	1-04	
FLOATING HOLIDAY: Date Requested			(circle one) Calendar Annive	rsarv	
I understand that if this request is gr					mar return I will
contact my supervisor and the Humo	antea, 1 am 10 ret in Resources Dep	arn on the next sen artment to advise t	hem of my circumstances. I	g should prevent h They will counsel a	ccordingly.
Danoh Charles	<u>,S</u>		<u>`</u>	<u> </u>	
Employee Signature			Date		
NOTE: This form must be complet off. If 2-week notification is not give		•	• •	weeks prior to the	requested day(s)
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SECTION 2 To Be Complete	ed by Human Re	sources	DATE OF HIRE:	<u> </u>	<u>(</u>
<u>Vacat</u>	<u>ion</u>	· ·	<u>F</u>	loating Holida	<u>ıys</u>
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4) Days Remaining:	(1-2-3=4)	-	Days Kemaiini	š. <u>———</u>	C
	(,				
Human Resources Representative's	Signature		Date),	
	- 11 7). C	- Managara		
SECTION 3 To Be Comple	ted by Employee.	s Supervisor(s) an	wor manager(s)		
SUPERVISOR: Approved	Disapproved 🗆		SUPERINTENDENT:	Approved 🗆	Disapproved
Sand March		27-04	Signature	·,	Date
Signaturé	Date		DIRHAMIC		Date
FOREMAN: Approved	Disapproved [)	PLANT MANAGER:	Approved 🗆	Disapproved 🗆
Signature	Date	***************************************	Signature		Date
NOTE: PINK TO EMPLO	YEE: YELLOW TO	PAYROLL: WHITI	E TO PERSONNEL/VACATION	FILE.	
		BE STATED ON REV			

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	Hourly Salaried
Employee Name: Dept.	Hourly Salaried
VACATION: Other	Salaríed
VACATION: Other	
Full Day Date Requested // // //	
FLOATING HOLIDAY: Date Requested Calendar Calendar Contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accord Employee Signature NOTE: This form must be completed and received by the Human Resources Department of the second of the Human Resources Department of the Human Resources	urn, I will ingly.
FLOATING HOLIDAY: Date Requested (circle one) Calendar Anniversary I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my retecontact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accord Employee Signature NOTE: This form must be completed and received by the Human Resources.	urn, I will ingly.
I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my retection of my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accord Employee Signature NOTE: This form must be completed and received by the Human Resource.	urn, I will ingly.
is the state of th	7 .
SECTION 2 To Be Completed by Human Resources DATE OF HIRE: 1 1900 1000	
Vacation Floating Holidays	•••
1) Total Days Eligible: Total Days Eligible:	
Days Taken: Days Taken:	
3) Days Requested: Days Requested:	
4) Days Remaining: Days Remaining.	
Human Resources Representative's Signature Date	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)	
SUPERVISOR: Approved Disapproved C	proved 🗆
Simon and the second se	
Date Signature Date	
FOREMAN: Approved Disapproved PLANT MANAGER: Approved Disap	proved 🗆
Signature Date Signature Date	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.	

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• -	Paguast for	MOUNT	FAIRE or Floating H	alida	.,	
SECTION 1 To Be Comple	<u>:</u>		test $\frac{4}{-30-0}$		· · · · · · · · · · · · · · · · · · ·	Nic faut
Employee Name: 12071			ss# :222-(☐ Hourly ☐ Salaried
VACATION;			e Requested FROM			
☐ Full Day	Date Requested_		c requested 1 reow		10	
☐ Extended Period			то _			
FLOATING HOLIDAY: Date Requested	5-7-04		(circle c Calendar	one) Annive	rsary	
I understand that if this request is contact my supervisor and the Hu	nan Resources Depa	rtment to advis	se them of my circumst	ances. 7	hey will counse.	l accordingly.
Employee Signature			Parallel de	Date	1-30-09	
NOTE: This form must be compl off. If 2-week notification is not g	eted and received by iven, vacation/holida	the Human Re y pay may be o	rsources Department at delayed.	t least 2 v	veeks prior to th	e requested day(e)
SECTION 2 To Be Compl	eted by Human Reso	urces	DATE OF HIRE	£:	1 , 10,	
<u>Vaca</u>	ıtion			FI	oating Holic	<u>lays</u>
l) Total Days Eligible:			Total D	ays Eligil	ble:	
2) Days Taken:			Days Ta	aken:		
3) Days Requested:			Days Ro	equested:		
4) Days Remaining:			Days Re	emaining		
	(1 - 2 - 3 = 4)					
Human Resources Representative	's Signature			Date		
To Be Comple	eted by Employee's .	Supervisor(s) o	und/or Manaver(s)			
SUPERVISOR: Approved	Disapproved 🗆	_	SUPERINTEND	ENT:	Approved 🗆	Disapproved 🗆
Consulation	-1/-30-	04	<u> </u>			
Signature /	Date	,	Signature			Date
FOREMAN: Approved [Disapproved 🗋		PLANT MANA	GER:	Approved 🗆	Disapproved 🗆
Signature	Date		Signature			Date
	DYEE; YELLOW TO P D, REASONS WILL BE		TE TO PERSONNEL/VAC VERSE SIDE.	CATION F	ILE.	

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Request for	MOUNTAIRE · Vacation or Floating Holiday
SECTION 1 To Be Completed by Employee	Date of Request 2-3-04 Dept. 5622
Employee Name:	SS# 21/-34/-3196
VACATION:	
☐ Full Day Date Requested _	
☐ Extended Period Dates Requested	FROM TO
FLOATING HOLIDAY: Date Requested Dr. A	(circle one) (C), GH, 2004 Calendar Anniversary
I understand that if this request is granted, I am to retu	urn on the next scheduled work day. If anything should prevent my return, I will artment to advise them of my circumstances. They will counsel accordingly.
Employee Signature	2 · 5 - 0 4 Date
NOTE: This form must be completed and received by off. If 2-week notification is not given, vacation/holida	y the Human Resources Department at least 2 weeks prior to the requested day(s) ay pay may be delayed.
SECTION 2 To Be Completed by Human Reso	ources DATE OF HIRE:/
<u>Vacation</u>	Floating Holidays
Total Days Eligible:	Total Days Eligible:
2) Days Taken:	Days Taken:
3) Days Requested:	Days Requested:
4) Days Remaining:	Days Remaining:
(1 - 2 - 3 = 4)	
Human Resources Representative's Signature	Date
SECTION 3 To Be Completed by Employee's	Supervisor(s) and/or Manager(s)
SUPERVISOR: Approved D Disapproved D	SUPEDINTENDENT.
A Alexander	SUPERINTENDENT: Approved Disapproved
Signature Date	Signature Date
FOREMAN: Approved [] Disapproved []	PLANT MANAGER: Approved □ Disapproved □
Signature Date .	Signature Date
NOTE: PINK TO EMPLOYEE; YELLOW TO P. IF DISAPPROVED, REASONS WILL BE	AYROLL; WHITE TO PERSONNEL/VACATION FILE. STATED ON REVERSE SIDE.

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MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee Date of H	in_6/17/01 Dept 5620		
Employee Name: Gregory Williams	SS# 222-38-4984 Union O Non-Union Hourly O Salaried		
VACATION:			
ロ 以 Day Date Requested			
☐ Fuli Day(s) Date(s) Requested	A Company of the Comp		
FLOATING HOLIDAY: Date Requested Monty Only	(circle one) Calendar Anniversary		
I understand that if this request is granted, I am to return on the	next scheduled work day. If anything should prevent my return, I		
will contact my supervisor and the Human Resources Department accordingly.	ent to odvise them of my circumstances. They will counsel		
x trying A Celini	×1-11-02		
Employee Signature	Date		
NOTE: This form must be completed and received by the Huma off. If 2-week notification is not given, vacation/holiday pay may	n Resources Department at least 2 weeks prior to the requested day(s)		
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SECTION 2 To Be Completed by Human Resources			
<u>Vacation</u>	Floating Holidays		
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2) Days Requested:	Days Requested:		
3) Days Remaining:	Days Remaining		
(1 - 2 = 3)	- CATROLI		
T. P.	4010		
Human Resources Representative's Signature	Date		
SECTION 3 To Be Completed by Employee's Supervise	or(s) and/or Manager(s)		
SUPERVISOR Approved D Disapproved D	SUPERINTENDENT: Approved Disapproved		
Coy water - 1-8-02	the state of the s		
Signature Date	Signature 2 Date		
FOREMAN: Approved Disapproved D	DE ANTENDA DE COMO		
FOREMAN: Approved ☐ Disapproved ☐	PLANT MANAGER: Approved □ Disapproved □		
Signature Date	Signature Date		
NOTE: FINK TO EMPLOYEE, YELLOW TO PAYROLL,	WHITE TO PERSONNEL WACATUM THE		
F DISAPPROVED, REASONS WILL BE STATED OF	N'REVERSE SIDE.		

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Date of Hire _c	2-3-2000	Departme	ent Sie houl
□ UÑĪŌ	N NON-UNIC		New
(CHECK ONE, Vacation):	Personal/Floating Holiday - Calendar Personal/Floating Holiday - Anniversary	logis Cinic
Day/Date(s) Req	(1 3 3 4 A	I WIC
SHOULD PREVENT	IAT IF THIS REQUEST IS ORANTED, I ÀN MI RETURN I WILL CONTACT MY SUPERV EL ACCORDINGLY.	VI TO RETURN ONTHE NEXT SCHEDU TEORAND HUMAN RESOURCES AND A	LED WORK DAY AND THAT IF ANYTHING DVISE THEM OF THE CIRCUMSTANCES.
M/MICAN 7 Employee's Signature	King	1-25-60 Date	1-/
SUPERVISOR'S SIG	Valleto Nature	DATE	
FOREMAN'S SIGNA	TURE	DATE	_ TAPPROVED TDISAPPROVED
SUPERINTENDENT	S SIGNATURE	DATE	_ CIAPPROVED CIDISAPPROVED
PLANT MANAGER'S	SIGNATURE	DATE	
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